

**PUBLIC HEALTH WALES
Audit Recommendations / Actions Log**

Next Update / review: BET (4 Oct), ACGC (13 Oct), QSIG (21 Oct), PODC (12 Jan)

Ref	Date added	Report	Committee	Report Assurance Rating	Recommendation	Management Action Agreed	Exec Lead	Original Agreed Implementation Date	Next Steps & Expected Milestones	Column1
395	Jun-20	Risk Management	ACGC	Reasonable assurance	There should be an appropriate reporting structure put in place within the Health and Wellbeing Directorate in order to have a standardised approach to managing risks throughout the Divisions through to the Directorate level which would enable staff to discuss relevant risks across the Directorate, increase their risk appetite and escalate and cascade risk management information to various staff levels across the organisation. Management need to ensure that risk registers are being developed at a divisional level. Management need to ensure that within the Health and Wellbeing Divisions that risk owners / handlers are identified to manage the identified risks Following the initial meeting with the Chief Risk Officer, the Health and Wellbeing Directorate need to work together to produce risk registers at a Directorate, Divisional and Programme level. The risk registers need to be monitored on a regular basis to ensure all risks have been identified and the risks are being managed .	All members of the SMT recognise the requirement for consistency and so as part of the review of the Directorate risks the need for clear reporting structures was addressed. At present, due to the current emergency, whilst risks are not always documented as they should be through the use of Datix, risks are escalated through management lines and are discussed at management meetings. As an inevitable consequence of the organisations role in the Covid19 emergency the majority of the staff and management from the Health and Wellbeing Directorate have been mobilised to support the response. This means that the development work that was ongoing to improve the identification and management of risk across the Directorate has been temporarily halted. Management are firmly committed to resuming these activities when time and resource permit and the intention is to complete the root and branch review that was started late in 2019. Realistically the intention is that this will be completed by the end of March 2021.	Executive Director of Quality, Nursing and Allied Health Professionals / Transition Director Health and Wellbeing	March 2021 (on hold)	January 2023 Update: Discussions are underway between the Risk Manager and the Health and Wellbeing Directorate September 2022 Update: Refer August Update, this is on hold pending the organisational resign which will impact on the management structure within the Health and wellbeing Directorate. Previous Updates: January 2022 Update: Refer August Update, this is on hold pending the organisational resign which will impact on the management structure within the Health and wellbeing Directorate. Previous Updates: August 2021 update: This work has not been started as there is currently no capacity to progress this work. Within the Health and Wellbeing Directorate the majority of staff have been mobilised onto the COVID 19 response, they will therefore need to identify at which point this work can progressed.	In progress
485	Sep-22	Information Governance Toolkit	ACGC	Reasonable assurance	The Improvement Action Plan should be reviewed to ensure it covers all and only non-compliant areas of the toolkit. Action owners should be assigned to all outstanding actions. The plan should also be amended so that all actions are cross referenced to the toolkit submission, the action required is sufficiently detailed to ensure compliance and a deadline or indicative timescale is provided for the completion of all improvement actions.	The recommendation is accepted. The review identifies deficiencies in the IG Toolkit plan which do not reflect the actual position as far as Information Governance per se is concerned. At the time of the review, the Information Governance Team was dealing with competing pressures resulting in a less than optimal standard for the submission. The resource issue is now being addressed. Plans are being developed to submit the 2022/2023 submission, but due to delays at DHCW this cannot be completed now until early 2023.	Deputy Chief Executive/ Executive Director of Operations & Finance	01-Mar-23	January 2023 Update: Resource is in place to complete the IG toolkit, taking account of recommendations. Awaiting latest release of IG toolkit.	In progress
488	Sep-22	Risk Management	ACGC	Reasonable assurance	Management should ensure the Directorate risk registers fields are adequately completed and updated to reflect the date of last review and action undertaken.	The QNAHPs Directorate will lead on the further refinement of the risk Directorate and Divisional Dashboard and ensure monthly uploads of risk data from Datix.	Executive Director Quality Nursing and Allied Health Professionals	Sep 22	January 2023 Update: On hold due to vacancy in team responsible for development of Directorate and Divisional dashboards. Once recruitment to vacancy is concluded the Risk Manager will continue to further refine the risk data included on the dashboards.	On hold
477	Aug-22	Review of Quality Governance Arrangements	QSIG		Refer 472	Agree with the recommendation. • Using gathered intelligence to develop corporate resource (e.g. central stakeholder database) to facilitate shared relationships with external stakeholders and to identify and fill gaps so that we reach all sectors of the Welsh population	Executive Director Quality Nursing and Allied Health Professionals	Macrch 2023	January 2023 Update: Liaising with Head of Digital Experience to choose software and scope user needs. Business Design Authority are aware. September 2022 Update: Progressing option development with Civica CRM system.	On track
420	Jun-21	IT Business Continuity		Reasonable assurance	As business returns to normality the Trusts departments should review their continuity documentation, taking the opportunity to include learning lessons on continuity and recovery identified during the Covid response.	Management note the finding and will update the documentation with lessons learned as part of the pandemic.	Deputy Chief Executive and Executive Director of Finance	31-Aug-21	January 2023 Update: Digital Services have provided input on the PHW Emergency Response Plan review regarding IT resilience. Operating procedures for back up recovery shared with internal audit for review. Cyber Security Improvement Plan presented to Audit Committee inclusive of actions for continuity and recovery. Scenario planning workshop is being drafted (based on existing desktop scenarios) and work is ongoing to review and revise existing Business Continuity and Disaster Recovery plans to include new resilience measures, such as the recently implemented air-gapped backups and associated operating procedures. Revised implementation date of 30 June 2023. Previous Updates: September 2022 Update: Head of Digital Experience and Services appointed and attended EP BC meeting. Further work needed on the IM&T/Digital Services plans to account for new resilience measures (e.g. air gapped backups) and review of PHW Emergency Response Plan. Work to commence in quarter 3 and finalised by February 2023. Request revised implementation date of 28 February 2023. (BET 4/10/22). January 2022 Update: Business continuity leads have been asked to incorporate learning by the Emergency planning teams and will be monitoring updates. IM&T will update our plans accordingly by end of March-22. On track. August 2021 update: Lesson learned from Covid-19 response continue to be captured and these will also be fed into organisational lessons learned exercise. Findings will be incorporated into business continuity plans as these are revised. Request revised implementation date of 31 March 2022 (ACGC.15.09.21)	Request change of date (BET 7 March 2023)
433	Mar-22	Concerns and Grievance Final Report		Reasonable assurance	The Trust should ensure that those responsible for investigating and reporting concerns are provided with supplementary procedure notes to ensure that when a concern is raised that these are consistently and appropriately dealt with in line with the requirements of the policy. The Public Concerns at Work (PCaW) Best Practice guidance recommends: Gauging the seriousness: Provide clear guidelines to managers around how to understand the nature of the concern and when and how to keep a written record of it. Introduce whistleblowing resources: Consider specific resources, training, forums or surveys for managers around receiving, handling and recording concerns. Engage with the key whistleblowing contacts for their feedback on receiving concerns and the effectiveness of arrangements generally.	Guidance will be produced and made available to staff via the Intranet page and for managers via training opportunities.	Board Secretary and Head of Board Business Unit	31-May-22	January 2023 Update: Progress for this action is currently paused, pending the recruitment of the Board Secretary role. Request change of date to 30 June 2023. Previous Updates: September 2022 Update: The guidance is in a draft form and is scheduled for completion by the end of October 2022. Extension to 31/10/22 requested.	Request change of date (BET 7 March 2023)
434	Mar-22	Concerns and Grievance Final Report	PODC	Reasonable assurance	The Trust need to ensure that appropriate training is provided to those staff involved with investigating concerns in line with a clear timescale, so that the procedure is consistently applied and concerns are correctly classified.	Training and guidance information will be cascaded to line managers throughout 2022/23 using a variety of mechanisms, where possible in partnership with People and OD colleagues.	Board Secretary and Head of Board Business Unit	31-Mar-23	January 2023 Update: Progress for this action is currently paused, pending the recruitment of the Board Secretary role. Request change of date to 30 June 2023. Previous update: September 2022 Update: Training content has been mapped out and discussions with People and OD directorate in place to determine roll out of training to start in quarter 4 of 2022/23.	Request change of date (BET 7 March 2023)
446	Mar-22	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	PODC		R6 Building on local and national staff engagement arrangements NHS bodies should seek to build on existing local and national workforce engagement arrangements to ensure staff have continued opportunities to highlight their needs and share their views, particularly on issues relating to recovering, restarting, and resetting services. NHS bodies should ensure these arrangements support meaningful engagement with underrepresented staff groups, such as ethnic minority staff.	We run annual engagement surveys, and work with our staff networks and TU colleagues to plan how these will look. We also participate in the Medical Engagement Scale (MES), which assesses the level of engagement of medical staff with organisational goals. We are continuing to use this data as a broad, initial measure, which we are exploring further, using team wellbeing check ins and focus groups, where further context and detail is gained. We will be considering our approach to engagement at an organisational level, ensuring that partners throughout the organisation are committed to resulting actions.	Director of People & Organisational Development		January 2023 Update: We are preparing for the NHS Wales Staff Survey which is expected to take place in Spring 2023, although have not yet had any further details on this. September 2022 Update: In Spring 2023, we'll be participating in the NHS Wales staff survey, which is planned to run on annual basis from this time. The survey last ran in 2020, and had a focus on enabling conversations to happen locally. Next year, there will be a return to a more wide ranging, broader question set, to help us to gain a clearer picture of the experience of working in NHS Wales. Our participation in the NHS Wales survey is another element of our continuing conversation with all staff and is part of a broader process in an ongoing cycle of feedback, reflection, discussions and localised actions. In addition to ongoing conversations, we encourage staff to share their views with Trade Union colleagues and our staff networks. The 2021 MES results have led to further engagement with both medical and multi-professional consultants, designed to improve understanding of the findings and to prioritise and agree collectively the areas to address in the first instance. We will be inviting colleagues to become involved in a detailed action planning process next month, to identify next steps to move us forward and what will be done, by whom and when. Our aim is to establish a culture where we all feel comfortable sharing our experiences and where giving and receiving feedback becomes the norm, and becomes embedded as part of our wider work on establishing an employee experience strategy.	Request change of date (BET 7 March 2023)

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447	Aug-22	Review of Quality Governance Arrangements	PODC	R1 Equality Impact Assessments. Weaknesses in the Trust's approach to conducting, sharing, and responding to equality impact assessments limit its ability to deliver quality services that meet the needs of the population. The Trust should strengthen its approach to equality impact assessments by: a. Ensuring EIAs are completed where necessary b. Agreeing quality standards and a process to assess EIAs, ensuring they are meaningful assessments with appropriate actions to mitigate adverse impacts. c. Developing a central repository to store and share EIAs across the organisation. d. Developing a process to monitor implementation of mitigating actions.	Agree with the recommendation. The importance and value of Equality Impact Assessments in supporting quality services that meet the needs of the Welsh population is understood. This is currently a high priority issue as we realise the importance of enhancing the current arrangements to help the organisation meet the needs of the Socio-Economic Duty. There is a cross-organisational working group currently reviewing the tool for completing impact assessments, with the view to integrating various impact assessments and readying the organisation to develop a digital tool. This tool will support staff to engage with and complete the Equality Impact Assessment process. Currently there is limited dedicated resource to support staff in the organisation to complete these. We are scoping improved support for staff to ensure they are completed in a meaningful way and actions are monitored and completed. This will take into consideration the recommendation that a central repository is held to store EIAs, which was already planned as part of the ongoing implementation of the Socio-Economic Duty. In addition, we are launching an Engagement & Experience Network for colleagues across the organisation who have responsibility for designing and delivering our services, programmes and functions. There will be opportunity in the workplan of this network to further develop the capability of staff to complete Equality Impact Assessments to a high standard, including ensuring that the public's voice is at their centre. • Scope and agree the solution • Implement the agreed solution	TBC	01-Mar-23	January 2023 Update: Progress for this action is currently paused, pending the recruitment of the Board Secretary role. Request change of date to June 2023. September 2022 Update: A review of EQHIA process is scheduled.	Request change of date (BET 7 March 2023)
455	Aug-22	Review of Quality Governance Arrangements	QSIC	R3 Clinical Audit. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by: a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.	Agree with the recommendation. • A longer-term solution for a central repository will be scoped. The PHW Innovation and Improvement Hub is a one potential option for this. Once the options are scope then a feasibility analysis will take place to determine the optimum solution and move to the implementation phase.	Executive Director Quality Nursing and Allied Health Professionals	01-Mar-23	January 2023 Update: Long term repository still to be scoped; key objective in the 2023-24 workplan. Meeting s hel with Caridff and Vale microbiology re thier digital audit system and further scoping meetings planned with Health boards re AMATT and tendable systems. See 454 for update re: I&I Hub. Request change of date to 31 March 2023. September 2022 Update: Scoping of available platforms for Audit is ongoing, including usability and costings.	Request change of date (BET 7 March 2023)
457	Aug-22	Review of Quality Governance Arrangements	QSIC	Refer 455	Agree with the recommendation. • Updates on the progress of these actions are provided to the Quality, Nursing and Allied Healthcare Professionals Directorate on a quarterly basis. This progress will then be reported to the Business Executive Team and Quality, Safety and Improvement Committee in the interim (6-month) and year-end reports.	Executive Director Quality Nursing and Allied Health Professionals	01-Mar-23	January 2023 Update: Inerim Audit report presented at Dec QSIC Request change of date to 31 March 2023. September 2022 Update: Quarterly meetings are being held in order to inform interim and year end reporting. Microsoft Lists Dashboard currently in development for visual overview of Q&CA plan.	Request change of date (BET 7 March 2023)
459	Aug-22	Review of Quality Governance Arrangements	QSIC	R3 Clinical Audit. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by: a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.	Agree with the recommendation. • It is recognised that delivery of this objective is intrinsically linked to the delivery of the Risk Management Development Plan. Matrix working between the Risk Team and the Quality, Engagement and Collaboration Team has been established and a joint approach will be taken to engage with the organisation to improve the approach to risk management and consequently the link between risks, and quality and clinical audits.	Executive Director Quality Nursing and Allied Health Professionals	01-Mar-23	January 2023 Update: Ongoing work with Risk Team; engagement with the organisation will need to follow the embedding of the Risk Assurance Network. Also plan to link with Internal Audit team who adopt a risk-based approach and plan the IA plan based on organisational risk registers. First meeting to take place in Q4, and ongoing meetings and approach to linking Q&CA and IA to be established for 2023-24. Request change of date to 31 March 2023. September 2022 Update: Work is ongoing with Risk Team to develop networks and link Risk/ Q&CA. Intial meetings have taken place with Risk Team who are in the process of developing links across the organisation. Once this is established, plan is to engage teams to consider a risk based approach to quality and clinical audit.	Request change of date (BET 7 March 2023)
465	Aug-22	Review of Quality Governance Arrangements		R5 Policies and procedures. The Trust does not know whether its directorates have appropriate processes for updating and sharing policies, procedures and Standard Operating Procedures or to test compliance with them. The Trust should strengthen its management of policies, procedures, and written control documents by: a. Developing a process to update and share policies and procedures at directorate level with staff. b. Monitoring staff awareness of new or updated policies and procedures. c. Testing compliance with new or updated policies and procedures including the Putting Things Right Procedure and All Wales Concerns policy. d. Providing assurance to the Quality, Safety and Improvement Committee that new and updated policies and procedures are being used by staff.	Agree with the recommendation. • Relating to the process for Local Directorate Procedures, and SOPS, guidance on the appropriate governance arrangements within Directorates will be developed to ensure a consistent approach to the development, dissemination, and testing compliance of Local Procedures. This will be developed in conjunction to the current work being undertaken in this area within the Integrated Governance Model.	Board Secretary and Head of Board Business Unit / Executive Director Quality Nursing and Allied Health Professionals.	01-Oct-22	January 2023 Update: Progress for this action is currently paused, pending the recruitment of the Board Secretary role. Request change of date to June 2023.	Request change of date (BET 7 March 2023)

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472	Aug-22	Review of Quality Governance Arrangements	QSIC		R6 Service User and Staff Feedback. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by: a. Developing and implementing the CIVICA system and a consistent approach to capture information on the protected characteristics of service users and respondents to research surveys. b. Developing an approach to combine feedback from staff, service users, complaints, incidents, and compliments to create a more robust picture of the quality and safety of services. c. Developing mechanisms to inform service users about the impact their feedback has had on service improvement. d. Including service user feedback in deep dives for the Quality, Safety, and Improvement Committee. e. Developing an approach to sharing learning from engagement with staff and users either through the implementation of the Quality as a Business Strategy.	Agree with the recommendation. • Develop organisational framework for engagement which outlines how engagement should be embedded in our key strategies and processes with impact and value	Executive Director Quality Nursing and Allied Health Professionals	01-Oct-22	March 2023 Update: a. In progression, Work is ongoing between the Director of Knowledge and of Head of Information Governance to ensure the organisation remains GDPR compliant in relation to the rollout of organisational demographic questions using the Civiva platform. b. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/ triangulation with incidents, complaints/ concerns, compliments and service user experience. This is a key deliverable for 2023-24. c. In progression, Work on an all Wales 'You said, We did' poster has paused as of January 2023. This will result in internal work being taken forward within Q4 2022/23 to develop a graphical approach and embed the poster within the Civica system as an additional feature. The poster can also be used offline .Work will be completed by due date. d. In progression. Development and implementation of a Shared Learning Group using a collaborative approach with PTR, SUE and CG to share learning from data/ triangulation with incidents, complaints/ concerns, compliments and service user experience. . Other work such as sharing of experiences at the Board meeting (due for development start Q4 2022/23) will also feed into the action. This is a key deliverable for 2023-24. e. Awaiting further progression of QoS. This is a deliverable for 2023-24 Request change of date to 30 June 2023. September 2022 Update: In progression, will be completed by due date.	Request change of date (BET 7 March 2023)
474	Aug-22	Review of Quality Governance Arrangements	QSIC		Refer 472	Agree with the recommendation. • Implement recommendation from literature review of evaluation measures to develop an evaluation framework for engagement activity, with clear performance and outcome metrics measured on a regular basis that monitor the impact of our engagement activity	Executive Director Quality Nursing and Allied Health Professionals	01-Nov-22	January 2023 Update: In progression, due to be completed by target date. Request change of date to 31 May 2023. September 2022 Update: In progression, due to be completed by target date.	Request change of date (BET 7 March 2023)
475	Aug-22	Review of Quality Governance Arrangements	QSIC		Refer 472	Agree with the recommendation. • Develop tools and resources for a best practice approach to engagement and informed by internal engagement with staff to identify learning and knowledge needs	Executive Director Quality Nursing and Allied Health Professionals	01-Jan-23	January 2023 Update: tools in development, suite will be publish in March 2023. Request change of date to 31 March 2023. September 2022 Update: Developing tools, to be completed by target date.	Request change of date (BET 7 March 2023)
476	Aug-22	Review of Quality Governance Arrangements	QSIC		Refer 475	Agree with the recommendation. • Collaboratively design and develop an organisational approach to capacity and capability building for skills in engagement and feedback analysis to inform planning and improvement	Executive Director Quality Nursing and Allied Health Professionals	01-Mar-23	January 2023 Update: In progress, due to be completed by target date. Request change of date to 31 March 2023. September 2022 Update: In progression, due to be completed by target date.	Request change of date (BET 7 March 2023)
483	Sep-22	Network and Information Directive (Cyber Security)	ACGC	Substantial assurance	The risk description should be reviewed, with inclusion of the potential financial penalties relating to non-compliance with NIS.	We agree to review the strategic risk to include the potential financial penalties relating to non-compliance with NIS. We understand the penalties to be: • A category one penalty will not exceed £1,000,000; • A category two penalty will not exceed £8,500,000; • A category three penalty will not exceed £17,000,000.	Deputy Chief Executive/ Executive Director of Operations & Finance	01-Sep-22	January 2023 Update: We will be reviewing the risk as part of the annual cycle in development of the IMTP and continue to report progress monthly on actions to mitigate the risk. Whilst the organisation is aware of the potential penalties we would not anticipate these being included in the risk wording at a strategic level. Request revised implementation date of 31 March 2023.	Request change of date (BET 7 March 2023)
444	Mar-22	Taking Care of the Carers? How NHS bodies supported staff wellbeing during the COVID-19 pandemic	PODC		R4 Enhancing collaborative approaches to supporting staff wellbeing NHS bodies should, through the National Health and Wellbeing Network and/or other relevant national groups and fora, continue to collaborate to ensure there is adequate capacity and expertise to support specific staff wellbeing requirements in specialist areas, such as psychotherapy, as well as to maximise opportunities to share learning and resources in respect of more general approaches to staff wellbeing.	Active involvement in the National Health and Wellbeing Network and consideration being to how to launch the All-Wales Workforce Wellbeing guide within the organisation, to ensure that staff and managers are aware of how it can be used with existing resources and how we can gain feedback on its effectiveness.	Director of People & Organisational Development		January 2023 Update: We continue to work closely with the National Health and Wellbeing Network so that we can pilot the All-Wales Workforce Wellbeing Guide. We are in the process of creating an infographic detailing the various sources of support available for staff. This will be made available by the end of January. Previous update: September 2022 Update: Consideration is being given as to how the All-Wales Workforce Wellbeing guide can be piloted within the organisation, as an additional resource, alongside pre-existing support and guidance for staff and line managers. We continue to work closely with the National Health and Wellbeing Network, who are involved in the ongoing national evaluation of the guide.	Request closure (BET 7 March 2023)
478	Sep-22	Local Public Health Teams	PODC	Substantial assurance	Administration of the Risk Register: 1.1 Management should ensure the project risk register is adequately completed and updated to reflect the date of last review and action undertaken.	1.1 The Programme Manager and Project Support Coordinator have already taken steps to review and further amend the risk register to provide additional information including: ensuring risk owners are noted for each risk, completing the escalation field, closure dates entered where known, creating and completing a reason for closure field. In going forward, the Programme Manager will ensure that at each fortnightly risk review meeting, the project team will provide dated updates on the progress of risks. The Programme Manager has also shared this learning with colleagues in the central PMO team.	TBC	26-Sep-22	January 2023 Update: Risk register updated as required. Project closure report to be completed and to contain final version. Action to be closed.	Request closure (BET 07 March 2023)
479	Sep-22	Local Public Health Teams	PODC	Substantial assurance	Administration of the Risk Register: 1.2 High level risks should be reviewed periodically by the project Board.	1.2 The SRO will ensure that risks to the project are raised at the remaining Project Board meetings within a specific section of the agenda, to be reviewed and confirmed by the Project Board members. The Programme Manager has also shared this learning with colleagues in the central PMO team.	TBC	13 September 2022	January 2023 Update: Risk register was included as standing agenda item for project Board and reviewed from 13th September 2022. Action to be closed.	Request closure (BET 07 March 2023)

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448	Aug-22	Review of Quality Governance Arrangements	ACGC	<p>R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:</p> <p>a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.</p>	<p>Agree with the recommendation.</p> <p>We are in the process of rolling out the first year of the Risk Management Development plan which is based upon the aim of strengthening risk management and delivering a consistent approach to risk management across the organisation and from Board level down through Directorates and Divisions. Specific actions include:</p> <ul style="list-style-type: none"> • A revised Board level risk appetite against organisational priorities as the basis for an aligned and embedded system of establishing risk appetite across the Trust. • Risk management embedded as a standard agenda item in relevant meetings across the organisation. • Revised and improved schedule and presentation of the Corporate and Strategic Risk Registers at Executive, Committee and Board levels. • Establish the role of the Leadership Team in Corporate and Directorate Risk Management. • Work in partnership with the Planning Team to embed risk management into the DaDD in all Directorates. 	<p>Executive Director Quality Nursing and Allied Health Professionals</p>	<p>March 2023</p>	<p>January 2023 Update: As ref 451 R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>September 2022 Update:The Strategic and Corporate Risk Registers have been refreshed following the revision of the risk appetite. Work is underway to review the risk scoring matrix to reflect the risk appetite, following the matrix will be rolled out to the organisation. A Risk Assurance Network has been set up with relevant leads across the organisation which met for the first time on 19th September 2022. The first activity will be to map out the risk architecture, which will inform where and how risks are currently being reported and managed throughout the organisation to inform which meetings require risk as a standard agenda item. Work is also underway within the Integrated Governance Team to ensure standard agendas are used across the organisation, risk being one of the items to be included. A proposed schedule for the consideration of strategic and corporate risks has been presented to BET and will be considered further in October 2022. Initial discussions have been held with the Leadership Team regarding their role in risk management and an in depth discussion is planned for the 20th October 2022. Directorate (or lower) risk registers and organisational-wide risk registers held on Datix are now displayed through the DADD and updated on a monthly basis. Risk resource has been reviewed and some reassigning of roles has been commenced, this includes reoccurring investment in an operational lead risk role and non recurring investment to support strategic work to be progressed.</p>	<p>Request closure (BET 7 March 2023)</p>
449	Aug-22	Review of Quality Governance Arrangements	ACGC	<p>R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:</p> <p>a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.</p>	<p>Agree with the recommendation.</p> <p>In implementing the Risk Management Development Plan focus will also be placed on the quality and effectiveness of controls within the Strategic Risk Register, the Corporate Risk Register and Directorate Risk Registers. The Strategic and Corporate Risk Registers will be regularly reviewed by the Business Executive, Committees and Board and the Corporate Risk Register and Directorate Risk Registers will be reviewed by the Leadership Team.</p>	<p>Executive Director Quality Nursing and Allied Health Professionals</p>	<p>March 2023</p>	<p>January 2023 Update: As ref 451 R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>September 2022 Update: An investment bid for a Risk Management Consultant (20 days' work) has been submitted to support the Risk Manager design and deliver the piece of work around the controls of the Strategic Risk Register. Directorate (or lower) risk registers and organisational-wide risk registers held on Datix are now displayed in the DADD and updated on a monthly basis.</p>	<p>Request closure (BET 7 March 2023)</p>
450	Aug-22	Review of Quality Governance Arrangements		<p>R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:</p> <p>a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.</p>	<p>Agree with the recommendation.</p> <p>The Trust has successfully implemented the majority of the Once for Wales Concerns Management (Datix Cloud) System but, as with the rest of NHS Wales, is awaiting test release of the Risks Module. This is scheduled for September 2022 with implementation due in January 2023. The roll out of the Risks module will include user training for a system which is expected to be more intuitive and easier to use. In the interim, a training needs analysis to improve the consistency of the use of the current Datix Risks Module will be carried out.</p>	<p>Executive Director Quality Nursing and Allied Health Professionals</p>	<p>November 2022</p>	<p>January 2023 Update: As ref 451 R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>September 2022 Update:A national delay in the implementation of the new risk module within Datix Cloud has impacted on the ability to ensure all risk are collated, recorded and managed in one software package. The system is due to be available early October for testing, and once that has been completed, a plan will be put in place for rollout within PHW. A training package has been drafted and initial testing has been carried out. Once the risk architecture mapping has completed, this will identify the relevant staff and meetings that will need to deliver risk handler and owner training. A Training Needs Analysis is expected to be carried out by November 2022. Standard level 1 training for risk identification will be held monthly for all staff. Request change of implementation date to March 2023 (BET 4/1/22).</p>	<p>Request closure (BET 7 March 2023)</p>
451	Aug-22	Review of Quality Governance Arrangements	QSIC	<p>R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:</p> <p>a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.</p>	<p>Agree with the recommendation.</p> <p>The Quality, Nursing and Allied Health Professionals Directorate is currently finalising a re-purposing change programme where it is proposed that the role of the Chief Risk Officer is split into 2 roles: Head of Information Governance and Head of Risk Management:</p> <ul style="list-style-type: none"> • Head of Information Governance post - resource will be identified during 2022. 	<p>Executive Director Quality Nursing and Allied Health Professionals</p>	<p>01-Aug-22</p>	<p>January 2023 Update: R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>Previous Updates: September 2022 Update: The Directorate underwent formal consultation for Repurposing during May - June 2022. As part of this Repurposing, the recommendations were considered and the process is still underway.</p>	<p>Request closure (BET 7 March 2023)</p>
452	Aug-22	Review of Quality Governance Arrangements	QSIC	<p>R2 Risk Management. The Trust does not have a clear picture of what operational risks are being carried in different parts of the business or how they are managed. Staff use different risk management software and resources are under pressure. The Trust is halfway through developing confidence levels for the controls in its strategic risk register. The Trust should strength its risk management arrangements by:</p> <p>a. Prioritising the implementation of its Risk Development Plan. b. Continuing to develop systems to assure the quality of controls in the strategic risk register and consider the best forum to share the information. c. Ensuring consistent software is used to manage risk across the business. d. Review resources for risk management including the breadth of the Chief Risk Officer's portfolio of work, and whether operational staff have protected time for risk management.</p>	<p>Agree with the recommendation.</p> <p>Risk Management – temporary specialist strategic risk resource will be identified for 2022/23.</p>	<p>Executive Director Quality Nursing and Allied Health Professionals</p>	<p>01-Aug-22</p>	<p>January 2023 Update: As Ref 451 R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>Previous Updates: September 2022 Update: An investment bid for a Risk Management Consultant (20 days' work) has recently been submitted to support the Risk Manager deliver the piece of work around the controls of the Strategic Risk Register.</p>	<p>Request closure (BET 7 March 2023)</p>

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Next Update / review: BET (4 Oct), ACGC (13 Oct), QSIC (21 Oct), PODC (12 Jan)

453	Aug-22	Review of Quality Governance Arrangements	ACGC		Refer 449	Agree with the recommendation. Head of Risk Management post - further investment will be sought to support a new post which will report to the Assistant Director, Integrated Governance	Executive Director Quality Nursing and Allied Health Professionals	01-Mar-23	<p>January 2023 Update: As ref 451 R2a: Year 1 of Risk Development Plan commenced July 2022 with years 2 and 3 being reviewed and refreshed with consultant support by March 2023. Implementation complete R2b: Risk Management Consultant being commissioned to deliver work around the controls of the Strategic Risk Register, it's presentation to the Business Executive Team, the Board and it's Committees. March 2023 R2c: Datixweb continues to be used as main software for managing risk. Awaiting roll out of DatixCloud on all Wales basis, which has been further delayed to April 2024. April 2024 R2d: Directorate repurposing concluded with creation of separate Head of Information Governance post and Risk Manager post. A permanent post of Head of Risk Management will be considered during the next round of investment bids. Implementation complete</p> <p>September 2022 Update :An investment bid for a Risk Management Consultant (20 days' work) has recently been submitted to support the Risk Manager deliver the piece of work around the controls of the Strategic Risk Register. A permanent post of Head of Risk Management will be considered during the next round of investment bids.</p>	Request closure (BET 7 March 2023)
454	Aug-22	Review of Quality Governance Arrangements			R3 Clinical Audit. The Trust does not have central oversight on the quality and totality of its clinical audit programme. It does not have a clear picture of how well the programme links to quality and safety risks, key themes arising from the programme, or whether actions to address recommendations have been implemented. The Trust should strengthen its clinical audit arrangements by: a. Creating a central repository to store and share all clinical audits, either in the quality hub or elsewhere. b. Developing a system to track and report progress implementing the recommendations of clinical audit to the Quality, Safety, and Improvement Committee. c. Developing a process to link the clinical audit plan more clearly to operational, corporate, and strategic risk registers to demonstrate that audits are mapped to key quality and safety risks. d. Collating themes arising from the clinical audit programme and sharing with the Quality, Safety, and Improvement Committee. Future clinical audit plans should provide assurance that themes are being investigated.	Agree with the recommendation. An implementation plan has been developed for several improvement deliverables to the Quality and Clinical Audit programme. Key objectives include: Facilitating the sharing of learning from completed audits across the organisation: • In the interim, the staff intranet (SharePoint) will be used	Executive Director Quality Nursing and Allied Health Professionals	August 2022	<p>January 2023 Update: QNAHPs pages completed and SharePoint training attended in Dec 22. Poster/one-pgae summary template demonstrated to QSIC in Dec with positive feedback. Summaries of completed audits to be added to intranet SharePoint page by 31 Jan 23. Ongoing discussions re: proactive sharing of audit findings; advice from Engagement and Communications Lead is newsletters can have limited reach. Shared objective for 2023-24 workplan with PTR, SUE and Clinical Governance to develop and use a collaborative approach to share learning.</p> <p>September 2022 Update: QNAHPs SharePoint site is currently under development with requests submitted to comms as part of the build. A section within the site has been allocated/ requested for Quality and Clinical Audit in order that learning can be shared in this area.</p> <p>"Poster" type template has been developed in order for teams to demonstrate learning from audit and recommended improvements. These will be posted within the SharePoint site, with the approval of those teams who have undertaken the audits.</p> <p>Discussions ongoing about use of a "newsletter" and it's utility - IG to be approached regarding engagement with their current newsletter to determine if this is a viable route to share learning.</p> <p>Improvement Cymru have also been approached to request that Quality and Clinical Audit learning be shared through the Improvement and Innovation Hub; initial response is that they are focusing the Hub initially around improvement and innovation and it is not anticipated that IC has the capacity to support quality and clinical audit in this area. A workshop took place on 14 Sep 22 where they asked the question about sharing learning; it was highlighted by our team in the Jamboard session the need for the Hub to be a repository for learning. Further discussions will be required. Request change of date to November 2022. (BET 4/11/22)</p>	Request closure (BET 7 March 2023)
463	Aug-22	Review of Quality Governance Arrangements	PODC		R4 Staff Appraisals and Training. Compliance with staff appraisals has been consistently below the Welsh Government and Trust's internal target and has recently deteriorated further. Similarly, training compliance falls below the Trust's target, largely because of difficulties providing face to face training in safe environments. The Trust should ensure compliance with staff appraisals and statutory and mandatory training meets the national target within the next 12 months.	Agree with the recommendation. People and Organisational Development will: • Continue to report on compliance monthly • Provide detailed individual appraisal data quarterly to the Executive Team and People Business Partners, extending this receiving group to include Business Leads and Leadership Teams, to drive compliance rates up • Communicate about the current My Contribution Process and My Contribution e-learning at key stages in the year • The inclusion of Appraisal Dashboards in the Directorate and Divisional Dashboards will give local management and leadership teams alternative and more intuitive data. It is anticipated the implementation of the latest all-Wales Pay Progression Policy will positively impact compliance rates and there will be quality assurance to ensure conversations and appraisals remain meaningful. The development of a revised Behavioural Framework and updated Management and Leadership Framework will support the emphasis on both transactional and transformational management responsibilities regarding appraisals. We are planning engagement activity to ensure this year's review and redesign of the My Contribution process achieves clarity of purpose and drives meaningful discussion and positive behaviour and aligns with PHW's vision of a flexible, skilled and motivated workforce who can deliver our long-term strategy. This review will encompass documentation and recording processes/software in advance of UK-wide developments in people systems. Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% (in June 2022). To drive improvement, People and OD hold two ESR drop-in sessions per month. The sessions are regularly communicated via SharePoint and weekly e-mail communications and are well attended. During 2021-22, in-person training was reinstated for Manual Handling B and C, Resuscitation and Violence and Aggression Breakout Training. We are currently reviewing the position in terms of in-person training to complement the core suite of e-learning.	Director of People & Organisational Development		<p>January 2023 Update: Statutory and Mandatory training still remains slightly above the Welsh Government target of 85% (end of Q3 86.46%). People and OD are continuing to carry out two ESR drop in sessions per month for anyone experiencing issues accessing e-learning. The 12 month rolling period for My Contribution appraisals as at Q3 is 69.07% against the government target of 85%. Entering pay progression and appraisal dates is covered in the ESR drop in sessions and People and OD are also running monthly pay progression drop in sessions, both ESR drop in sessions and pay progression drop in sessions continue to be well attended. Request this action is now closed.</p> <p>September 2022 Update: Compliance with the core suite of statutory and mandatory training remains just above the Welsh Government target of 85% and continues to be at risk of falling below, as well as not showing any significant improvement. People and OD are carrying out two ESR drop in sessions per month, for anyone experiencing issues accessing e-learning and these have been well received by those attending.</p> <p>The 12-month rolling compliance for My Contribution appraisals is currently at 65.03% against the Welsh Government target of 85%. To date, only 66 staff members have completed My Contribution e-learning. With pay progression coming into force in October 2022, part of the criteria to be put forward for an increment is staff needing to have an appraisal date entered into ESR within the last 12 months, this should therefore have a positive impact on appraisal compliance figures. Entering pay progression and appraisal dates into ESR will also be covered in the twice monthly ESR drop in sessions. Pay progression sessions have also been arranged by People and OD to take place during September 2022.</p>	Request closure (BET 7 March 2023)
473	Aug-22	Review of Quality Governance Arrangements			R6 Service User and Staff Feedback. The Trust does not routinely and consistently collect information about the protected characteristics (under the Equality (Wales) Act) of its users, or of people taking part in research surveys. It does not consistently share learning from staff and user feedback or consistently let people know what changes it made as a result of their feedback. The Trust has recently invested in the CIVICA system to improve its approach to user feedback. More broadly, the Trust should strengthen its approach to user and staff feedback by:	Agree with the recommendation. • Review current assurance mechanisms for Service User Experience, to ensure our systems provide for the amplification of citizen voice and capturing learning and improvements in line with the requirements of the Quality & Engagement Act	Executive Director Quality Nursing and Allied Health Professionals	01-Oct-22	<p>January 2023 Update: Demographic data included in Civica surveys and discussed at Engagement and Experience group</p> <p>September 2022 Update: Requested amendment for delivery to March 2023, due to delay in guidance issued by Welsh Governance around the Duty of Quality.</p>	Request closure (BET 7 March 2023)
480	Sep-22	Local Public Health Teams	PODC	Substantial assurance	For current and future projects where approval of a process or document is required, there should be available documentation to evidence the approval process.	Within this project and future project, the Programme Manager will ensure to receive written confirmation of all decisions made in relation to the milestone of the project. The Programme Manager has also shared this learning with colleagues in the central PMO team.	TBC	N/A	<p>January 2023 Update: Action complete and learning shared. Learning to be summarised in closure report. Action to be closed.</p>	Request closure (BET 7 March 2023)
481	Sep-22	Network and Information Directive (Cyber Security)	ACGC	Substantial assurance	Management should ensure that records of discussions and information provided to and from the CRU are captured for future annual self-assessments.	We will ensure that any discussions or decisions around cyber security are documented going forward so we can draw on the evidence as part of our ongoing assessments.	Deputy Chief Executive/ Executive Director of Operations & Finance	01-Sep-22	<p>January 2023 Update: Complete. Further to a cyber risk review workshop with the Cyber Resilience Unit (CRU) and Exec support in July, the Digital Services management team reviewed the Cyber Assessment Framework (CAF) risks and assigned scores, specific actions and treatments documented. The CAF and risk register were submitted to the CRU in October 2022 and will be reviewed and updated annually in line with CAF requirements. Action to be closed.</p>	Request closure (BET 7 March 2023)
482	Sep-22	Network and Information Directive (Cyber Security)	ACGC	Substantial assurance	Reporting on cyber security should be to each committee, and include a current state position and an update against the NIS requirements.	We will provide regular six monthly reports to the committee and in between additional updates are provided when necessary. As this was scored as a low risk, we do not feel this warrants more frequent reporting.	Deputy Chief Executive/ Executive Director of Operations & Finance	Dec 22	<p>January 2023 Update: Complete. The Head of Digital Experience and Services attended ACGC in October to update on cyber security activities. They also attended on the 19 January for the Committee to consider actions for cyber security improvement - further attendance to be defined in line with ACGC requirements and CAF. Action to be closed.</p>	Request closure (BET 7 March 2023)

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484	Sep-22	Information Governance Toolkit	ACGC	Reasonable assurance	Appropriate supporting evidence should be provided for the areas identified above. If appropriate evidence cannot be provided the self-assessed scores should be amended on the toolkit submission and the non-compliant areas added to the Improvement Action Plan.	Much of the evidence that is listed as missing from above has already been included in the submission for 21/22 Information Governance toolkit and we will ensure that where the evidence is available, it will be included in the 22/23 submission. The Senior Information Officer, Data Protection Officer and Caldicott Guardian roles and responsibilities have been detailed within their respective job descriptions and the post holders have received full and accredited training. The SOPs and guides that are listed as in draft are on the information governance work plan for update this year. For the technical security measures, this evidence is provided by the IT team. We will ensure to engage them early for the next submission to be able to provide the evidence before the tool kit has to be submitted.	Deputy Chief Executive/ Executive Director of Operations & Finance	01-Mar-23	January 2023 Update: Recommendation complete as per description included in management response	Request closure (BET 7 March 2023)
486	Sep-22	Risk Management	ACGC	Reasonable assurance	Management should ensure that staff who have direct risk responsibilities have access to training	The risk development plan details the requirement to deliver a refreshed training package for risk management across the organisation. This training will identify all risk users across the organisation and deliver both basic level one risk management training for the reporting of risks and more detailed level two training for the handling of risk.	Executive Director Quality Nursing and Allied Health Professionals	01-Sep-22	January 2023 Update: Training package has been refreshed and rolled out across the organisation. Risk Manager has established a risk management network with representation from all Directorates and Divisions through the Business Leads Group. The Assistant Director of Integrated Governance and the Risk Manager regularly attend Leadership Team meetings to update, discuss and progress Risk Management training and awareness issues.	Request closure (BET 7 March 2023)
487	Sep-22	Risk Management	ACGC	Reasonable assurance	In order for the implementation of a good training system, a training needs analysis is required. Detailed steps will need to be outlined and developed for the 'improvement of work identified' noted in the gap analysis document.	As part of the delivery of 1.1 and the risk management development plan there will be a requirement to identify all staff responsible for the reporting and handling of risks across the organisation. This identification will allow the appropriate level of training to be identified within each Directorate.	Executive Director Quality Nursing and Allied Health Professionals	01-Sep-22	January 2023 Update: As above - Risk Management Network facilitates and supports training requirements.	Request closure (BET 7 March 2023)
489	Sep-22	Risk Management	ACGC	Reasonable assurance	Management should ensure that directorates are regularly reviewing risks and maintaining and appropriate evidence trail.	The QNAHPs Directorate will lead the embedding of a risk management structure that reports, manages and escalates risk from a Divisional level to a Directorate Senior Management Team level. This will be facilitated through a standard agenda template for Divisional meetings using the learning from the Integrated Governance Model Pilot approved by BET.	Executive Director Quality Nursing and Allied Health Professionals	01-Sep-22	January 2023 Update: Standard agenda template completed for use in Divisional meetings to include risk discussions. Risk network has started work to further embed risk management structure. Risk Management Consultant being commissioned to deliver some of this work. Request change of date to 31 March 2023.	Request closure (BET 7 March 2023)
490	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Management should ensure that the Managing Attendance at Work Policy training should be attended by all managers who have not attended it previously.	An action plan has been developed to address the recommendations of this report as detailed here. This will be overseen by the Head of People and OOperations, with regular updates provided to the Assistant Director of People, Strategy, Insights and Service. We will identify all managers requiring initial and repeat training (242+) and arrange a schedule of training to address this immediate requirement, as well as planning for repeat training in the longer term.	Director of People & Organisational Development	30-Nov-22	January 2023 Update: An E-Learning module has been in the process of development and is now expected to be signed off in January. Work will need to be undertaken to assign this module to all staff with Line Management responsibilities. In the interim period we have identified all those Line Managers requiring initial training. The POD Advisory team will schedule regular delivery of training sessions and the identified group will be directly emailed to encourage their participation in the training. Request this action is now closed.	Request closure (BET 7 March 2023)
491	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Management should consider adding wording to the MAAW policy that explicitly clarifies the Trust's position with regards to refresher training.	The Managing Attendance at Work Policy is an all-Wales Policy. We will update supporting information on our intranet to confirm our organisational position that managers should repeat this training every three years, and plan and schedule training to meet demand.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: Once the e-module is in place this training will be assigned to all those with Line Management responsibilities. There will be a 3 year expiration date on the training and this will show as a non-compliance in the individual's ESR record until completed. Request this action is now closed.	Request closure (BET 7 March 2023)
492	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Supporting documentation for all sickness absences should be available, completed and maintained so that it is readily available for scrutiny and to ensure that staff are treated consistently across the Trust.	We will remind all managers of the requirements for sickness documentation to be completed and stored such that it is readily available for scrutiny and to ensure staff are treated consistently and in line with the Managing Attendance at Work Policy.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: Additional resources have been developed to strengthen the messaging around the need for robust paperwork. The MAAW training that is currently delivered in-house is also being revised to include this. Request this action is now closed.	Request closure (BET 7 March 2023)
493	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Sickness absence information should be promptly entered onto ESR and Return to Work forms should be completed when the employee returns to work and the date entered onto ESR.	We will remind all managers of the requirements for sickness absence information to be promptly entered onto ESR; Return to Work forms should be completed when the employee returns to work and the date entered onto ESR in line with existing ESR guidance.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: The POD Advisory team are routinely running reports to highlight any entries for sickness absence or return to works that are outside of the timelines suggested in the guidance. Emails are then sent to the respective managers reminding them of the requirement to enter information promptly. Request this action is now closed.	Request closure (BET 7 March 2023)
494	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Management should update the policy to clearly state the Trust's expectations with regards to the timely recording of sickness information on ESR, and associated documentation.	The Managing Attendance at Work Policy is an all-Wales Policy. We will update supporting information on our intranet to confirm our expectations with regards to the timely recording of sickness information on ESR and completion of associated documentation.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: Additional resources are being developed to strengthen this messaging. They will be added to the Intranet pages and signposted during training. Request this action is now closed.	Request closure (BET 7 March 2023)
495	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Consideration should be given to the most appropriate method to disseminate implementation issues identified from the audit to all employees who have responsibility for managing and monitoring sickness absence so that the issues are resolved and do not re-occur in the future.	We will determine an appropriate method to disseminate learning from the implementation issues identified to all employees with responsibility for managing and monitoring sickness absence so that the issues are resolved and do not re-occur in the future. Key learning from the implementation issues identified will be shared with members of the People and Organisational Development Directorate and all employees.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: Audit findings shared with POD team to inform case management and advice, and POD team members have been instrumental in taking forward action to update the intranet and produce communication to managers. Request this action is now closed.	Request closure (BET 7 March 2023)
496	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Management should meet with all employees on long term sick as per the Management Attendance at Work Policy. However, if they are unable to, they should record in file notes that they have attempted to meet the employees or it was felt inappropriate to. In addition, long term sickness absence meeting notes should be signed and dated by both parties at the time of the meeting or the date of the meeting recorded where it cannot be signed.	We will update supporting information on our intranet to further advise managers to record any occasions when they have attempted to meet an employee but this has not been possible. We will work with managers to ensure that long term sickness absence meeting notes are signed and dated by both parties at the time of the meeting or the date of the meeting recorded where it cannot be signed. This will be subject to quarterly reviews of a sample of absences.	Director of People & Organisational Development	31-Oct-22	January 2023 Update: Additional resources are being developed to strengthen this messaging. They will be added to the Intranet pages and signposted during training. Managers will also be reminded of this by their POD Advisor when supporting the management of Long Term Sickness cases. Request this action is now closed.	Request closure (BET 7 March 2023)
497	Sep-22	Workforce - Sickness Absence Monitoring	ACGC	Reasonable assurance	Doctors Fit Note certificates should be obtained for all sickness absences from the 8th calendar day of sickness absence onwards as required by the Managing Attendance at Work Policy.	We will update supporting information on our intranet to reinforce the requirements around self-certification and GP Fit Notes. This will be subject to quarterly reviews of a sample of absences.	Director of People & Organisational Development	30-Nov-22	January 2023 Update: Additional resources are being developed to strengthen this messaging. They will be added to the Intranet pages and signposted during training. Request this action is now closed.	Request closure (BET 7 March 2023)
498	Jan-23	Audit of Accounts	ACGC		The Trust should ensure that accurate and up-to-date human resources records are maintained to ensure that payroll is accurate and that working arrangements have appropriate contracts behind them.	The People and OD team has recently been restructured, work is already underway to improve existing processes and systems to make improvements in this area. In addition, NHS Shared Services are currently reviewing recruitment practices given delays to the issuing of contracts to staff across PHW and the wider NHS. A Business Improvement project is already live and improvements are ongoing in this area.	Director of People & Organisational Development	30-Sep-22	January 2023 Update: <ul style="list-style-type: none"> The People and OD team at Public Health Wales have worked closely with NHS Wales Shared Services Partnership (NWSSP) to ensure that accurate and up-to-date human resources records are maintained to ensure that payroll is accurate and that working arrangements have appropriate contracts behind them. The issue of missing contracts of employment was addressed with NWSSP and resolved by September 2022 as agreed. The People and OD team meet regularly with NWSSP colleagues to discuss any payroll issues and to ensure an open and ongoing dialogue. In addition to ongoing process improvement work within People and OD, the NWSSP team are also working on a programme of modernisation, https://nhs.wales/365.sharepoint.com/sites/PHW/SitePages/Changes-are-being-made-to-our-Payroll-service-to-improve-the-customer-experience.aspx The People and OD team have also worked with colleagues in Information Governance to update the organisation's Records Retention Schedule, specifically in relation to human resources records. Request this action is now closed. 	Request closure (BET 7 March 2023)

PUBLIC HEALTH WALES
Audit Recommendations / Actions Log

Next Update / review: BET (4 Oct), ACGC (13 Oct), QSIC (21 Oct), PODC (12 Jan)

499	Jan-23	Audit of Accounts	ACGC	The Trust should ensure that year end cut off procedures are robust and followed to ensure the year end balances are accurate.	We will undertake post project learning and will ensure that year end cut off procedures are part of this. This will be captured clearly for Business Leads and clarity on guidance can be cascaded to all budget holders, requisitioners and authorisers of expenditure. In addition grant forms will be updated to include a specific section on the period that the grant relates to. We will incorporate additional checks on the payables balance sheet code as part of year end closedown procedure.	Deputy Chief Executive/ Executive Director of Operations & Finance	01-Jul-22	<p>March 2023 Update: Following submission of the final 2021-22 Annual Report and Accounts, post project learning sessions were held with the Finance Division and Business and Planning Leads to discuss the cut-off issues experienced in 2021-22. These sessions were both held in July 2022. Actions put in place to mitigate the risk of cut-off issues for the 2022-23 accounts include:</p> <ul style="list-style-type: none"> • Grant templates have been updated to make clearer the financial year to which the grant relates; • Specific session delivered to Business and Planning Leads in February 2023 on year-end accruals to cover off key points of when expenditure should and shouldn't be recognised in 2022-23; • Year-end planning meeting delivered to Finance Division communicating additional checks to be carried out in March on accruals; • Specific tasks added to year-end accounts timetable to review February and March cost management accruals and a review of the Microbiology maintenance accrual. <p>January 2023 Update: The predominant reasons for use of SQA's in procuring goods and services across the Trust are where no competitive market exists or competition is restricted due to technical compatibility. File notes (which is where retrospective approval is sought to procure good and services), are low in number compared to SQA's. These have typically arisen due to a lack of knowledge of procurement processes or due to timing issues of getting STA paperwork submitted. File notes are typically followed up with Advice via email or telephone discussions with individuals. Procurement are also in the process of providing training sessions to Directorates, covering Procurement Rules and processes. During the last 9 months training sessions have been provided to Communications, Health Collaborative, Improvement Cymru and WHOCC. There will be more undertaken in the new financial year with Health Improvement and Screening divisions next on the plan. In addition, Procurement activity (including details on SQAs and File Notes) is now reported on the monthly Directorate Reports so Finance Business Partners can challenge and discuss as part of monthly monitoring.</p>	Request closure (BET 7 March 2023)
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